

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

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| <i>IN RE:</i> <i>GLORIBEL SANTANA SANTIAGO</i> <i>Debtor(s)</i> | <i>CASE NO.07-3816</i> <i>CHAPTER 13</i> |
|---|---|

DEBTOR'S AMENDMENT OF PLAN,

TO THE HONORABLE COURT:

NOW COMES DEBTOR through the undersigned attorney and very respectfully alleges and prays:

1. The Debtor in the above-captioned case amends **PLAN, as** to comply with section 1325 requirements and POC of USDA-RHS.
2. Plan base is \$17,712.00.00.

Notice of Time Fixed to Accept or Reject Debtors' Modification of Plan

Please take notice that pursuant to Bankruptcy Rule 2002(a) (5) you may file a formal written response to the proposed modification of the plan. Your response must be filed with the Clerk of the U.S. Bankruptcy Court for the District of Puerto Rico within twenty days from service of this notice. A copy of your response must be served upon debtors' counsel, whose name and address appears below.

WHEREFORE Debtor respectfully prays this Honorable Court to allow amending of plan with any further relief Court understands proper.

Date August 21, 2007.

/s/MIRIAM S. LOZADA RAMÍREZ
ATTORNEY FOR DEBTOR
POST SUR 296 SUITE7
Mayagüez, Puerto Rico 00680
TEL 787-834-3004 FAX 787 831 2855

CERTIFICATE OF SERVICE

I hereby certify that the present documents was filed electronically with the Clerk of the Court using ECF systems which will send notifications of such to the Trustee and that we have sent a copy of this documents through regular mail as per master address list to all parties in interest to their address of record.

In Mayaguez, for San Juan, Puerto Rico. Dated: August 21, 2007.

/s/MIRIAM S. LOZADA RAMIREZ

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE: GLORIBEL SANTANA SANTIAGO

CASE NO. 07-3816

CHAPTER 13

DEBTOR(S)

CHAPTER 13 PAYMENT PLAN

NOTICE: • The following plan contains provisions which may significantly affect your rights. When confirmed, the plan will bind the debtor and each creditor to its terms. Objections must be filed in writing, filed with the Court and served upon the debtor(s), debtors' counsel, the trustee and any other entity designated by the Court, at the 341 meeting of creditors or not less than twenty (20) days prior to the scheduled confirmation hearing. • For post confirmation Plan Modifications, objections must be filed and notified in the same manner within forty (40) days from its notification. • A proof of claim must be filed by or on behalf of each creditor, including secured creditors, in order for the creditor to be eligible to be paid by the trustee. The Trustee will pay the allowed claims, as filed, provided for in the plan unless disallowed or expressly modified by the terms of this plan, or by subsequent Court order. If no claim is filed the trustee will not pay a creditor provided in the plan unless ordered by the Court. See the notice of commencement of case for 341 meeting date and claims bar date, the latter is the date by which a proof of claim must be filed in order to participate of the plan distribution. •

1. Future earnings of the Debtor(s) are submitted to the supervision and control of the Trustee. The Debtor(s) shall make payments to the Trustee ☒ directly ☐ by payroll deductions as hereinafter provided in the PAYMENT PLAN SCHEDULED.
2. The Trustee shall distribute the funds so received as hereinafter provided in the DISBURSEMENT SCHEDULE SEQUENCE.
- ☐ 3. The Confirmation Order will not vest property of the Estate on Debtor(s) until the Order discharging Debtor(s) is entered.

PLAN DATED: _____
☒ PRE ☐ POST-CONFIRMATION

☒ AMENDED PLAN DATED: August 21, 2007
FILED BY ☒ DEBTOR ☐ TRUSTEE ☐ UNSECURED CREDITOR

I. PAYMENT PLAN SCHEDULE

| | | | | |
|---------|---|----|----|-----------|
| \$ 225 | x | 12 | = | 2,700 |
| \$ 250 | x | 12 | = | 3,000 |
| \$ 328 | x | 12 | = | 3,936 |
| \$ 336 | x | 12 | = | 4,032 |
| \$ 337 | x | 12 | = | 4,044 |
| \$ | x | | = | 0 |
| TOTAL = | | | 60 | \$ 17,712 |

Additional Payments:
\$ _____ to be paid as a LUMP SUM
within _____ with proceeds to come from

☐ Sale of property identified as follows:

☐ Other:

Periodic Payments to be made other than and in addition to the above.

\$ _____ x _____ = \$ _____ 0

To be made: _____

PLAN BASE: \$ _____ 17,712

II. ATTORNEY'S FEES

(Treated as § 507 Priorities)

I. To be paid before any other creditor and concurrently with the Trustee's fee unless otherwise provided.

| | |
|--|----------|
| a. Outstanding balance as per Rule 2016(b) Fee Disclosure Statement: | \$ 2,200 |
| b. Additional Fees: | \$ |
| c. Adjusted Balance | \$ 2,200 |

Signed: _____
DEBTOR GLORIBEL SANTANA SANTIAGO

JOINT DEBTOR

III. DISBURSEMENT SCHEDULE SEQUENCE

A. SECURED CLAIMS:

- ☐ Debtor represents that there are no secured claims.
☒ Creditors having secured claims will retain their liens and shall be paid as follows:

1 ADEQUATE PROTECTION PAYMENT CR _____ \$ _____

2 Trustee pays secured ARREARS:

| | | |
|--------------|-------------|-------------|
| Cr. USDA-RHS | Cr. _____ | Cr. _____ |
| POC 2757 | Acct. _____ | Acct. _____ |
| \$ 13,707 | \$ _____ | \$ _____ |

3 Trustee pays IN FULL Secured Claim(s):

| | | |
|-------------|-------------|-------------|
| Cr. _____ | Cr. _____ | Cr. _____ |
| Acct. _____ | Acct. _____ | Acct. _____ |

4 Trustee pays VALUE OF COLLATERAL:

| | | |
|-------------|-------------|-------------|
| Cr. _____ | Cr. _____ | Cr. _____ |
| Acct. _____ | Acct. _____ | Acct. _____ |
| \$ _____ | \$ _____ | \$ _____ |

- ☐ Secured creditor(s) interest will be insured and insurance policy pay through plan:
Cr.: _____ Ins.Co.: _____ Premium: \$ _____
Cr.: _____ Ins.Co.: _____ Premium: \$ _____
(Please indicate in "Other Provisions" the comprised insurance coverage period.)

☐ Debtor SURRENDERS COLLATERAL TO Lien Holder:

☒ Debtor Otherwise will maintain regular payments directly to:
USDA-RHS

B. PRIORITIES. The Trustee shall pay priorities in accordance with the law.

5 [11 U.S.C. § 507 and § 1322 (a)(2)]

C. UNSECURED PREFERRED: Plan ☐ Classifies ☒ Does not Classify Claims.

6 Class **A**: ☐ Co-debtor Claims / ☐ Paid 100% ☐ "Pay Ahead":

7 Class **B**: ☐ Other Class:

| | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Cr. _____ | <input type="checkbox"/> Cr. _____ | <input type="checkbox"/> Cr. _____ |
| Acct. _____ | Acct. _____ | Acct. _____ |
| \$ _____ | \$ _____ | \$ _____ |

D. GEN. UNSECURED NOT PREFERRED will receive PRO-RATA disbursements. ☐

OTHER PROVISIONS:

PLAN COVERS ARREARS TO USDA-RHS IN THE AMOUNT OF \$13,706.59